

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 331008 RECEIPT DATE: 06 / 14 /  
IA NUMBER: PCT/ JP97 / 04611 IA FILING DATE: 12 / 15 /  
FAMILY NAME: SHIMIZU DELAY WAIVED (Y/N):  
GIVEN NAME: ERIKO DEMAND RECEIVED (Y/N):  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 17 /  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N):  
ATTORNEY DOCKET NUMBER: COUNTRY: JPX  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE  
NAME: ERIKO SHIMIZU FAX  
STREET: 21 29 TSUNASHIMANISHI 5 CHOME  
CITY: KANAGAWA  
STATE/COUNTRY: JPX ZIP: 2230053  
EMAIL:  
APPLICATION TITLES:  
ELECTRONIC ZOOM IMAGE INPUT METHOD

TAB TO LAST POSITION, PUSH SEND